

**Practical training report** for the field of studies of: \_\_\_\_\_

**To be filled out by trainee!**

**Trainee**

\_\_\_\_\_

Last name                      First name                      completed university semesters

\_\_\_\_\_

Contact address

\_\_\_\_\_

Phone    E-mail-address

**Practical Training**

\_\_\_\_\_

Key focus/emphasis of the practical work

**Training Company**

\_\_\_\_\_

Last name                      First name                      Organisation                      Phone

\_\_\_\_\_

Street, No    ZIP-Code, City, Country

**In the period** from \_\_\_\_\_ to \_\_\_\_\_ (= \_\_\_\_\_ weeks)

I hereby guarantee that I completed the report myself and include any resource used herein.

\_\_\_\_\_

Place, Date    Trainee's signature

**To be filled out by the training company!**

The practical training lasted from \_\_\_\_\_ to \_\_\_\_\_  
and was completed successfully / unsuccessfully\*

Absent days during the practical training: \_\_\_\_\_

\_\_\_\_\_

Place, Date    Signature

**To be filled out by the evaluator!**

The report was reviewed and evaluated as follows:

The description of the training company is:                      sufficient/not sufficient\*  
The composition about business operations is:                      sufficient/not sufficient\*  
The critical reflection is:                      sufficient/not sufficient\*  
The type of presentation and form is:                      sufficient/not sufficient\*

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Place, Date    Signature

**To be filled out by the Praktikantenamt!**

The above report is accepted as a proof of success for a practical training according to the requirements.

A time sheet was / was not submitted.

\_\_\_\_\_ weeks of this practical training are imputed on the minimum studies' practical time as required by the practical training regulations.

Praktikantenamt Weihenstephan, \_\_\_\_\_

Place, Date    Signature    Receipt Stamp

\* cross out non-applicable